UNICEF Pacific is working in the Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu. These 14 countries and territories are home to around 2.3 million people, including 1.2 million children and youth, living on more than 660 islands and atolls across 17.2 million square kilometres of the Pacific Ocean, an area comparable to the size of the entire South American continent. Kiribati, Marshall Islands, Federated States of Micronesia, Solomon Islands, Tuvalu are classified as Fragile States according to World Bank/OECD criteria.
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ACKNOWLEDGEMENTS

UNICEF Pacific gratefully acknowledges the contributions of many partners who participated in the midterm review process. Our analysis and decision-making was greatly enriched through individual and group interviews and meetings in different countries, sector and partnership reviews and lessons learned exercises, participation in our midterm review meeting in Fiji, and comments received on the draft of this report.

We are also grateful to our Regional Office team, many members of which came on mission over the course of the review period, giving valuable advice, including three team members who participated in our midterm review meeting. Decision-making also benefited from the structural affordability study commissioned by our Regional Office.

The contributions of all our government, non-governmental, multilateral and bilateral partners were notable for their commitment to children and their trust in UNICEF to continue to deliver for children, even more effectively. We thank you and renew our commitment to them and to you.

I wish to express admiration for the entire UNICEF Pacific staff, who generously gave their time throughout the months of review and change, with intelligent, evidence-based reflection and with the greater good for children of the Pacific in mind at all times.

Together, one and all, we will achieve the rights of children, every one and everywhere.

Karen Allen
UNICEF Pacific Representative
### ACRONYMS

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of Discrimination against Women</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>DFAT</td>
<td>Department of Foreign Affairs and Trade (Australian aid programme)</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>PAPE</td>
<td>Policy, Advocacy, Planning and Evaluation</td>
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<tr>
<td>PERT</td>
<td>UNICEF Pacific Emergency Response Team</td>
</tr>
<tr>
<td>PICT</td>
<td>Pacific island countries and territories</td>
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<tr>
<td>PPTCT</td>
<td>Prevention of parent-to-child transmission (of HIV)</td>
</tr>
<tr>
<td>RMNCAH</td>
<td>Reproductive, maternal, newborn, child and adolescent health</td>
</tr>
<tr>
<td>SPC</td>
<td>Secretariat of the Pacific Community</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>WASH</td>
<td>Water, sanitation and hygiene</td>
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<td>WHO</td>
<td>World Health Organization</td>
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UNICEF Pacific organized a midterm review of the Multi-Country Programme 2013–2017 to review programme cooperation and office structure in light of current evolution in global, regional and internal environments, including resource constraints, to ensure effective and efficient delivery of results for children.

The 2014 Midterm Review was informed by a set of interrelated processes, including an internal audit, an external structure affordability review, and a rapid programme review organized as part of regular mid-year discussions with partners. The review also benefited from feedback from development partners and representatives of some Pacific island countries.

The UNICEF Multi-Country Programme (2013–2017) and this revision support Pacific Governments, regional organizations and civil society to realize child rights in accordance with the Convention on the Rights of the Child (CRC), signed by all Pacific Governments; Millennium Development Goals (MDGs) and emerging Sustainable Development Goals; the Samoa Pathway for small island developing states; relevant national development strategies and regional frameworks and plans; the United Nations Development Assistance Framework (UNDAF) (2013–2017) for the Pacific countries and territories; and the global UNICEF Strategic Plan.
Endorsed recommendations

1. Continue the current strategic approaches of:

- Engagement in Pacific regional partnerships to leverage actions to ensure children’s rights are addressed in regional and national development strategies, frameworks and programmes, with focus on the most vulnerable

- Technical assistance and advocacy to support governments to develop or strengthen policies, legislation and budgets, data collection and analysis, in order to maximize an enabling environment for the realization of children’s rights, with a focus on the most vulnerable

- Strengthening of national and sub-national service delivery for children, with a focus on the most vulnerable

- Country programme results in the Multi-Country Programme that support the UNDAF and national priorities and plans

- Accountability for results-based planning, results and performance-based management, including monitoring and evaluation with a focus on progress towards reducing inequities and disaggregated data by country, within countries, by gender, age and indicators of vulnerability

- Responses to humanitarian needs as required including through the Office for the Coordination of Humanitarian Affairs (OCHA)-led cluster system and Pacific Humanitarian Team at the regional level and through Government-led coordination mechanisms at country level; strategic placement of contingency and buffer stocks of life-saving supplies; maintenance of a significant percentage of staff trained and ready in the UNICEF Pacific Emergency Response Team (PERT) spread across all offices; constant monitoring and collaboration with governments, NGOs, UN partners and regional partners; and maintenance of strong ties with UNICEF regional and global technical and operational support, including funding and surge mechanisms

- Staff/office presence within UN joint presence system in Kiribati, Vanuatu and Solomon Islands, including international staff; staff presence within UN joint presence system in other countries to be decided on basis of particular programme needs and opportunities

- Kiribati, Solomon Islands and Vanuatu remain ‘Tier 1’ countries for strongest engagement and investment of resources

- The Fiji-based office, with senior management, international and Pacific regional technical expertise, to provide programme-related technical advice and assistance and be responsible for operational management, including administration, human resources, financial resources, supplies, offices and equipment, ICT, safety and security, in 14 countries and territories.
2. Make the following overall shifts:

- Retain Executive Board-approved programme components but reduce total number of planned results to a more manageable and affordable number
- Reduce the number of posts so that staff costs are realistic in terms of projected income across programmes, operations and offices; rebalance use of staff, consultants and institutional contractors, leveraging for a more efficient and effective use of resources
- Simplify the approach of three tiers of engagement into two levels of engagement: three countries with intense engagement in all programme and cross-cutting areas (Kiribati, Solomon Islands, Vanuatu) and all other countries and territories with selected engagement depending on regularly updated analysis of the situation of children, comparative advantage and value added of UNICEF, and opportunities for engagement
- Identify and implement a more strategic approach to planning, data collection, analysis and use of information, with stronger support to specific programme results, and monitor progress towards reducing inequities, particularly by gender, children with disabilities and other groups identified as chronically deprived (strengthen implementation of UNICEF’s Monitoring of Results for Equity System)
- Strengthen evidence, verification and results-based reporting, including in internal and external reports and systems
- Strengthen field-based monitoring and evaluation (including interventions for results in development, humanitarian, recovery)
- Engage in resident coordinator-led review of the UN Joint Presence system in the Pacific with a view to gains in efficiency and effectiveness in order to affordably sustain or even increase UN presence in the Pacific
- Strengthen integration of cross-cutting areas of gender (child protection as lead), disability (social policy as lead), and disaster risk reduction and management (water, sanitation and hygiene (WASH) as lead), including child-centred climate change adaptation
- Use lessons learned from emergency responses to continuously improve both UNICEF and partner preparedness and response capacity and performance
- Identify and implement ways to link emergency funding and programme response to disaster risk reduction, including climate change adaptation and partners development
• Invest more time and resources into the UN harmonized approach to cash transfers with an emphasis on micro-assessments of financial, programme and supply management capacity of implementing partners, improved risk mitigation and quality assurance plans, results of regular office and field monitoring and spot checks used to justify the financial authorization and certification of expenditure forms (FACE) certification, use of scheduled and special audits where necessary

• Strengthen UNICEF Pacific and counterpart capacities for monitoring, reporting on and following up on Committee recommendations for the CRC, Convention on the Elimination of Discrimination against Women (CEDAW), Convention on Worst Forms of Child Labour and Convention on Minimum Working Age

3. Programme-specific recommendations:

3.1 Health and Sanitation Programme, Health and Nutrition section

Maternal and child health, including nutrition, immunization, neonatal and first year of life

• Overcome bottlenecks and constraints to reducing neonatal mortality as the main determinant to decreasing infant and child mortality in the Pacific: newborn health and interventions during pregnancy and in the first year of life will be the first main thrust of UNICEF’s health programme. Continue to support direct government implementation but further leverage partner and donor financial and technical support and strengthen efforts to focus national Governments on neonatal and infant mortality.
• Maintain immunization as a priority for both advocacy and technical assistance: advocate with both Governments and the Vaccine Independence Initiative to include more vaccines and countries; consolidate and leverage immunization support across region; initiate fast track remedial action for immunization as required (focus on countries with low coverage, high risk for disease outbreak, deaths from vaccine-preventable diseases); and mobilize resources to meet gaps for immunization work, including removing bottlenecks to routine coverage as well as responses to outbreaks

• Integrate reproductive, maternal, newborn, child and adolescent health (RMNCAH) into the regional framework and national strategies through a joint World Health Organization (WHO), United Nations Population Fund (UNFPA), and Secretariat of the Pacific Community (SPC) approach with strengthened national ministries of health leadership; integrate HIV and AIDS work into RMNCAH (see more details in HIV and AIDS programme)

• Strengthen attention through advocacy and evidence generation to under-nutrition within regional and national strategic plans and policy frameworks, leveraging UNICEF role as lead nutrition-for-children partner

• Ensure national Governments are aware of the double burden of malnutrition and are able to prioritize the issue by increasing national government allocation and institutional capacity building, especially in preventing and treating malnutrition

• Ensure under-nutrition is mainstreamed into the joint UN approach to non-communicable diseases to leverage global and regional partnerships

• Increase attention and investment to behaviour change communication and social mobilization for duty-bearers and rights-holders across maternal-, child health- and nutrition-related areas, including synergy with WASH and HIV and AIDS

• Continue to link with child protection programming on civil registration in health facilities

• Build on lessons learned in the Pacific and in other regions and countries to apply technology including ICT and software platforms and systems such as mHealth (mobile health) and link with similar work in WASH and HIV and AIDS

• Maintain active role in WHO-led humanitarian cluster for health and UNICEF’s co-lead role in nutrition at Pacific regional and national levels, including emergency readiness

1 UNICEF and WHO regularly update their country-by-country analysis of gaps in routine coverage, including overall coverage, as well as where this is a need to introduce additional vaccines such as rotavirus, pneumococcal conjugate, intravenous polo and others.
3.2 Health and Sanitation Programme, WASH section

- Set up and implement a WASH management arrangement in view of serious needs of children as well as opportunities and of UNICEF’s global expertise, country presence and comparative advantage

- Mobilize additional resources to expand WASH work according to analysis of the worst gaps in access to water and sanitation and the highest prevalence of morbidity and mortality due to waterborne and hygiene-related diseases

- Strengthen collaboration between WASH and Education programmes, with emphasis on bringing clean water, improved toilets and improved hygiene knowledge and behaviour to public primary schools serving disadvantaged children and to primary schools serving as emergency evacuation centres

- Maintain leadership role in Pacific Humanitarian Team and at national levels in support of government-led coordination

- Increase attention and investment to WASH behaviour change communication and social mobilization for duty-bearers and rights-holders in synergy with health and nutrition

- Build on lessons learned in the Pacific and in other regions and countries to apply technology including ICT and software platforms and systems such as mhealth collaborating with health, nutrition and HIV and AIDS

- Continue to work with Education programme and Sports for Development project (Communications), and WASH in schools

- Use WASH programme to spearhead monitoring for results in reducing inequities, including analysis of the worst gaps in access to water and sanitation and the highest prevalence of morbidity and mortality related to waterborne and sanitation-related diseases

- Abolish existing WASH positions at Kiribati Field Office considering SPC-SOPAC implementation of WASH interventions on outer islands under the 2nd Phase of the EDF10-funded KIRIWATSAN project; create a new WASH position with a specific profile for development of a WASH in Schools programme for Kiribati with potential for replication in the region
3.3 HIV and AIDS Programme

- Implement HIV and AIDS programme work and consolidate gains to date through integration into UNICEF’s Health and Sanitation programme and UN, regional and national RMNCAH agenda to achieve a continuum of care; continue providing technical advice to Governments that are applying for funds from the Global Fund, for which SPC is the principal recipient.

- Concentrate resources on two prongs: eliminating prevention of parent-to-child transmission (PPTCT), where UNICEF is virtually the sole health partner and where attaining zero transmission is a realistic goal, and partner with UNFPA and SPC for adolescent prevention, consolidating gains made, and leverage technical and financial support to focus countries; advocate for other countries to follow Fiji’s example in committing to provider-initiated HIV testing and counselling and adoption of PPTCT Option B+ to ensure that all infected pregnant women receive treatment and continue to do so for the rest of their lives.

- Focus on, identify and target prevention activities for the most-at-risk adolescent groups given the high prevalence of teenage pregnancies and sexually transmitted infections (STIs); adhere to comparative advantage and commitments within the UNFPA-UNICEF-International Planned Parenthood Federation Joint Programme on Sexual and Reproductive Health (2015–2019).

- Concentrate most support on two countries with largest at-risk adolescent populations (Fiji and Solomon Islands), with particular attention to high-risk groups, including commercial sex workers and men having sex with men.

- Complete existing commitments to Governments and donors on collection and analysis of routine HIV data and second-generation surveillance and promote coordination between health services; work collaboratively with health, nutrition and WASH on ICT applications, including mHealth, to ensure data collection includes HIV and AIDS data.

- Expand preventive interventions and foster political incentives for commitment and transformative social movements regarding risky sexual practices for at-risk adolescents using cross-cutting opportunities such as the Adolescent Girls’ Initiative in Kiribati.
3.4 Education Programme

- Prioritize improved learning outcomes through access to early childhood education, especially for children in economically disadvantaged families, and through continuous teachers’ capacity development, including onsite refresher training, facilitative supervision and ethics training.

- Consolidate successes from pilot initiatives that are sustainable, scalable and replicable, particularly through increased convergence with WASH programme for WASH and solar power in schools, and explore ways to increase learning through exploiting solar power, e.g., for digital knowledge databases for schools and for motivating both teachers and students to improve attendance and retention.

- Continue and consolidate successful regional partnerships and strengthen regional knowledge partnerships, using them for influencing, advocacy and leveraging, including for early childhood education and contributions to metrics and standards.

- Strengthen synergies with Health and Nutrition programme for improved results in early childhood development.

- Continue to make use of evidence from situation analyses and assessments to guide policymaking and regional partnerships, thus leveraging limited resources with strategic, timely information for decision-makers.

- Continue Pacific regional leadership of education cluster through Pacific Humanitarian Team and at national level where requested, required and feasible; mobilize resources to maintain strategically placed contingency stock and retain staff capacity and linkages to surge staff to respond to emergencies in any of the 14 Pacific island countries and territories (PICTs), give greater attention to “building back better, more disaster-resilient facilities” when humanitarian funds are available.

- Increase attention to resource mobilization, including from non-traditional sources such as the private sector.
3.5 Child Protection programme

- Strengthen evidence-based monitoring and evaluation, data integrity, baseline data and systematic documentation of lessons learned and results achieved
- Intensify sub-national services in Tier 1 countries with greater emphasis on the most vulnerable groups and on expanding current models
- Address cross-cutting development issues, including gender and disability, and ensure the use of distinct indicators to measure progress; develop an articulate disability strategy
- Strengthen programmatic focus on social norms
- Reassess tier approach with country-by-country analysis using new data; use analysis to identify and address disparities within and between countries
- Explore opportunities for engagement in the north Pacific in view of recent baseline reports and evidence on violence, bullying and exploitation
- Use good country examples and consider whether there is a need for regional strategy; strengthen South-South cooperation
- Continue support to Governments on preparedness/capacity development and response in Child Protection in Emergencies and strengthen Area of Responsibility on Child Protection
- Continue to strengthen existing partnerships and seek out new partnerships and modalities for engagement and leveraging resources, including through UN joint programmes
- Ensure appropriate staffing levels in field offices and relevant and flexible technical assistance to both field offices and other countries based on programmatic priorities and through other forms of assistance, including partnership agreements and consultancies
3.6 Policy, Advocacy, Planning and Evaluation (PAPE) programme

- Strengthen two sections in the PAPE programme by addressing findings and recommendations of the Structural Affordability Review: delink the two sections, with Communications reporting directly to the Representative in a traditional UNICEF model and Policy, Planning, Monitoring, and Evaluation reporting to the Deputy Representative.

- Communications: work with programme staff on both external and behaviour change communication so that advocacy, informational, educational and behaviour change messages are based on constantly updated evidence and target group analysis assures most effective messages and communication modalities are used.

- Use new evidence and update advocacy strategy and key advocacy messages to align better with programme target groups; expand communication for behaviour change and social mobilization.

- Social policy, planning, monitoring, evaluation and reporting: operate less independently of programmes and strengthen monitoring of results for equity with system in place for triangulation/verification of progress towards results.

- Evaluation management: retain some degree of independence from programmes being evaluated by having the Studies and Evaluation Committee report directly to the Representative.

- Continue to strengthen research and evidence base; address social protection agenda and child poverty; ensure child rights support, including to treaty reporting by Governments.

- Strengthen field-based monitoring (including humanitarian monitoring), results management, reporting and evaluation.
3.7 Cross-cutting programme recommendations

- Abolish emergency coordinator post to free up core resources for important emergency preparedness, disaster risk reduction and disaster resilience work across programme sectors and countries; strengthen the good PERT system by having the team report directly to field office Chiefs and for Fiji, to the Deputy Representative, while designated Pacific regional cluster leads report directly to the Representative. Ensure there are sufficient members in all programme and operations areas and that emergency preparedness, response and disaster risk reduction work is incorporated annually in performance work plans. Deputy Representative and Operations Chief ensure that all PERT members are trained in emergency preparedness and response and that all programmes set aside funds for quick surging of staff and contingency supplies.

- Retain P4-level chief of field offices posts in Vanuatu and Solomon Islands in view of financial throughput, programme and situational complexity, and head of joint presence office responsibilities and lead agency for UN Joint Programme on RMNCAH in Vanuatu.

- Abolish the P4-level chief of field office post in Kiribati and replace with a P3-level specialist with 60 per cent management of UNICEF team and programme responsibilities and 40 per cent responsibilities for WASH in view of reduced and anticipated further reductions in financial throughput in Kiribati and in view of UNFPA assuming the lead joint presence and lead UN Joint Programme on RMNCAH in Kiribati.
4. **Operational recommendations:**

- Abolish/delimit vacant posts that have proven impossible to fund and/or do not have at least two years of ensured funding or very strong potential for funding in the near future

- Reduce staff and operational costs on core resources to allow at least 40 per cent of core and other resources to be used for non-staff cost modalities of programme implementation and to have sufficient core resources to pay for work-related travel and communication costs of staff

- Identify and implement cost-saving measures in programme and cross-sector/operational budgets, including on rental costs, without compromising on staff security as per Minimum Operating Security Standards

- Gradually make adjustments to staff functions and posts in alignment with global shift to a Global Shared Service Centre and in other ways that increase work flow and business process efficiency while retaining staff morale and commitment

- Implement cost sharing and cost recovery measures in collaboration with the UN Country Team

- Continuously monitor opportunities for improving Internet and other communication and saving costs

- Strengthen contribution to UN Operations Management Team in order to realize greater efficiency gains in UN partnerships in procurement and contracting

- Plan actions to implement recommendations in UN Department of Safety & Security assessments of Minimum Operating Security Standards compliance in four offices (Suva, Port Vila, Tarawa, Honiara)
The aim of the Midterm Review was to assess key changes in context, programme progress and funding and raise options for the multi-country programme and the office structure for the remainder of the country programme. It also reviewed progress and proposed adjustments to ensure sustainable alignment of needs, capacities and resources through complementary programme and management analysis.

The Midterm Review was informed by a set of interrelated internal and external analytical processes, including an internal audit (completed in March 2014), an external structure affordability review, and a summary programme review organized as part of regular mid-year discussions involving partners.

Since 2012, when the new Multi-Country Programme and Programme Management Plan were approved by the Executive Board, there have been important changes in the funding environment, including a decrease in available resources for all UN agencies in the Pacific, and particularly for multi-country, regional or sub-regional programmes. A higher proportion of funds now go directly to Governments, NGOs or other organizations located in those countries.

Programme design and staffing structure were set up on expectation of receiving full funding against the Executive Board-approved ceiling. While 2014 other resources funding is relatively in place (although already lower for some programme components), the above changes have challenged office utilization of regular resources for programme implementation in 2013 and 2014, and of concern is weak pipeline and gaps for 2015 to 2017. These developments were foreseen as a risk in the Country Programme Management Plan and initial resource mobilization strategy, but have emerged earlier and to a greater degree than expected. It has become apparent that the current scope, focus and spread of the multi-country programme needs to be reviewed and the office structure adjusted accordingly.
**Principles for the Midterm Review**

Six principles guided the review discussions:

1. Resources should be focused on outputs and activities that contribute directly and are measurable to the planned outcomes, saving staff time and operational costs;

2. All risks, assumptions and dimensions of each planned result should be considered, so that we commit only to what can be realistically delivered within available resources and timelines;

3. Advocacy and leveraging is crucial in every country, especially given that UNICEF is a relatively small financial player in the Pacific compared to bilateral and some multilateral development partners. In evaluating the overall role of UNICEF Pacific, the full account of activities and costs that make advocacy and leveraging successful should be examined;

4. UNICEF should have the right balance of international and national staff in order to take full advantage of both its global expertise as an international organization in the Pacific, as well as the Pacific expertise of its Pacific staff, which is a clear comparative advantage;

5. Objectives and results tailored to country context and needs should be specified; and more should be invested in the follow up to regional meetings, frameworks and strategies to help national governments take action;

6. Though continuing to draw on our investment in staff while trying to mitigate the human impact of the structural change is critical, compromises have to be made to create an affordable post structure and to be more efficient in use of different delivery modalities.

**Programme background**

The 14 PICTs covered by the 2013–2017 UNICEF Multi-Country Programme are scattered over 30 million square kilometers of ocean.\(^2\) Populations are separated by large distances within and between countries. Eight of the 14 are small-island States, with four categorized as microstates.\(^3\) The Pacific is linguistically and culturally very diverse, necessitating multiple approaches to influence social change. Many islands are vulnerable to natural disasters such as floods, cyclones, earthquakes, volcanic eruptions and tsunamis, as well as to rising oceans and salination of fresh water. Political instability and ethnic tensions continue to affect some PICTs, a factor that can undermine commitment to and resourcing for development programmes. Social service delivery is difficult and costly, especially to underserved, small population groups on islands distant from the capital city, and there is a dearth of qualified human resources and high turnover of trained staff. It has been estimated that operational costs of businesses are 14 to 28 per cent higher in small states and 36 to 57 per cent higher in microstates compared to all other States.\(^4\)

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\(^2\) Cook Islands, Fiji Islands, Federated States of Micronesia, Kiribati, Republic of Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu.


\(^4\)
All 14 PICTs have ratified the CRC and have developed or are redeveloping multi-year national strategic development plans. There is increasing government and civil society interest in ensuring the well-being of Pacific children, exemplified by the development of new or improved policies for children, as well as increased compliance to CRC reporting and follow-up to Committee recommendations.

Strong partnerships have been forged with other UN agencies and several key regional organizations (notably SPC and the Pacific Islands Forum) to link programmes and reporting to the Pacific Plan for regional cooperation and national integration. The 2013–2017 UNDAF reflects the consensus on strategic priorities between Governments, the UN Country Teams of Fiji and Samoa and the UN agencies, programmes and offices in the Pacific, and is driven by the needs and priorities of regional governments. The UNICEF Multi-Country Programme (2013–2017) is fully reflected in the UNDAF outcomes and outputs; the UNICEF programme design also took into consideration the situation of children in the Pacific, with particular regard to inequities and impact of climate change; findings and recommendations for greater compliance with the CRC; the UNICEF global Strategic Plan; progress and delays by Pacific countries towards MDGs; and numerous regional sector specific strategies and platforms.

UNICEF presence in Fiji continues to offer opportunities for close interaction with other development and humanitarian partners with Fiji-based offices; Fiji also continues to act as a cost-efficient transport hub for people and supplies. UNICEF presence in programme priority countries – Kiribati, Solomon Islands, Vanuatu – continues to provide opportunities for more engagement with counterparts; effective oversight for quality and timely implementation, influence and leveraging; and coordination, including in development partner forums and Government-led sector-wide approaches. Office presence in these three countries has also proved critical to effective emergency preparedness and response. Within the UN, UNICEF Pacific works with two resident coordinators of two UN Country Teams (Fiji-and Samoa-based) and works within a joint presence system. To this end, UNICEF is the host agency of the UN joint presence offices in Kiribati and Vanuatu; UN Women in Nauru; United Nations Development Programme (UNDP) in Palau, Solomon Islands, Tonga and Tuvalu; and UNFPA in Micronesia and Marshall Islands. Governments, UN agencies and partners appreciate this system, but the financial burden of operating on behalf of other UN agencies has become a challenge.

Considering that the prior cycle was the first to fully develop cooperation in education, water sanitation, child protection, and HIV and AIDS, the approach for the current 2013–2017 cycle is to consolidate gains. Programme structure therefore did not change from the prior cycle and comprises five programme areas. The structure is articulated around 10 UNDAF-aligned outcomes and supported by the cross-sectoral programme component. More specific outputs have been defined for each of the three focus countries, while multi-country outputs cover cooperation in other countries as well as Pacific regional activities as appropriate.
The overall current strategic mix of approaches to achieve planned programme results includes support to strengthening government systems for service delivery, capacity building and advocacy, in cooperation with partners. Documentation and evaluation of supported initiatives in focus countries, and in selected cases in other countries, will demonstrate impact and allow national-level service expansion. It will also encourage sharing of good practices to support evidence-informed policies and strategies. Pacific-wide programming is pursued through cooperation with regional institutions.

“The key strategic objective of the multi-country programme is to support the achievement of key results at scale for children in the three Tier 1 countries while aiding strategic policy engagement and system building in all countries.”

Since 1990, the base year for the MDGs, aggregate under-five mortality rate for the 14 small PICTs covered by UNICEF Pacific has dropped by 30 per cent, from 38 deaths per 1,000 live births in 1990 to 26 per 1,000 in 2012. The estimated annual number of under-five deaths fell from 2,000 to 1,510 over the same period. Put another way, nearly 500 fewer children died in 2012 than in 1990. Despite these gains, progress in reducing child mortality has been slow compared to other parts of the world. The overall reduction in the aggregate under-five mortality rate (30 per cent) is lower than what has been achieved in any other region, including sub-Saharan Africa (45 per cent), or small state groupings such as the Caribbean (43 per cent). There is wide disparity between and within countries.

In the Pacific, 80 per cent of under-five deaths occur in four countries – Solomon Islands, Fiji, Kiribati and Vanuatu. There is variation in the leading causes of deaths. Despite having high immunization coverage across the region, which is over 90 per cent for most countries, most deaths are largely preventable.

HIV prevalence in the Pacific remains low compared to countries with a generalized epidemic. However, consistently high rates of STIs, especially among young people, high prevalence of unplanned and unwanted teen pregnancies as well as high-risk sexual behaviour are common challenges across the Pacific that warrant vigilance over the HIV situation.

Access to sanitation facilities has improved in the Pacific. However, some countries are still characterized by high prevalence of open defecation. Kiribati, Solomon Islands and Vanuatu still lag when it comes to access to clean drinking water sources.

There are important variations across countries on infant and young child feeding practices. Kiribati, Solomon Islands and Vanuatu have done well on increasing exclusive breastfeeding for infants aged up to 6 months. Compliance with the three best practices for infant and young child feeding (for infants aged 6 to 23 months) is generally the same except for Marshall Islands, which recorded around 55 per cent of children with caregivers who adhered to the three practices in 2007. Among children, stunting is prevalent, especially in Solomon Islands, Vanuatu...
and Nauru. Underweight and wasting are generally low in incidence, however the problem is under-recognized and underreported. Data on anaemia are not available everywhere, but high prevalence has been reported among pregnant women in several countries.

Overall, data on preschools in the Pacific is very limited, but access and quality need improvement in most countries. Access to primary education is reasonably good and there are not significant disparities between rich and poor households. Data shows that the free primary school tuition initiative that has been implemented in countries such as Fiji has successfully increased enrolment and reduced dropouts. The same does not apply for secondary education, where enrolment drops, especially in rural areas and among the lowest income groups. Most countries do not extend the free tuition policy beyond the primary level. According to the gender parity index, most Pacific countries have achieved gender parity at the primary level. However, boys are greatly disadvantaged at the secondary level. Tonga is the only country in the region to achieve gender parity at the secondary level.

The global indicator on attitudes towards wife-beating shows that Pacific countries have high rates when compared to other countries. Negative attitudes towards this practice should be addressed. In Vanuatu, new data on child discipline reveals that severe physical discipline is still very common. There is also new data on child labour in Vanuatu for children aged 5 to 14 that suggests that 15 per cent of children in this age group are involved in some form of exploitative labour.

The percentage of children younger than 15 living below the national (basic needs) poverty line ranges from 13 per cent to 33 per cent across the Pacific. Data demonstrates a relationship between household poverty and the number of children in the household. Generally, households with three or more children have higher poverty rates than those with no children.

**Discussions and recommendations**

To address data gaps, the office should undertake a mapping of critical areas of results supported by the multi-country programme (such as learning outcomes, nutrition), and establish a collection strategy in collaboration with partners. This should be complemented by a data analysis dissemination strategy to strengthen and support advocacy.

Staff and partners should have the capacity to systematically analyze and use data on the situation of children, even if data quality does not always reach international standards. UNICEF should continue to support capacity development in statistical literacy.

UNICEF should further strengthen partnerships with academic institutions and regional partners, including in the area of data collection, similar to the context of the Pacific plan for statistics.
UNICEF envisions fulfillment of the rights of all children in the Pacific to survival, development, protection and participation. Accordingly, the overall goal of the multi-country programme is to support all PICT Governments to progressively realize child rights in accordance with national development strategies, UNDAF, MDGs, the Millennium Declaration and the Pacific Plan.8

In determining strategies of support, the Multi-Country Programme recognizes the heterogeneity of the PICTs, which range from least developed to middle income countries, with varying levels of progress in fulfilling children’s survival, development, protection and participation. While all Pacific countries share the challenges of Small Island Developing States9, resources and capacities vary widely across the region. Not all Pacific countries require the same level of support to realize child rights.

UNICEF Pacific also recognizes the special challenge of providing effective support to 14 Governments. Demonstrating progress for children in a complex, multi-country environment requires prioritization of resources, issues and areas where UNICEF holds a comparative advantage. Finally, central to UNICEF’s strategic focus is the ability to leverage national and development partners’ resources to accelerate progress for children.

The 2008–2012 Multi-Country Programme introduced the tier system, with three ‘tiers’ or categories of countries, thus enabling targeted engagement not only with the three focus countries, but also with other least developed and middle income countries that required support. This approach has been maintained for the 2013–2017 Multi-Country Programme, with some minor modifications.

Under the tier system, countries are grouped according to overall human development status and progress on key child rights indicators. Tier 1 countries – Kiribati, Solomon Islands and Vanuatu – have the lowest gross national income per capita in the region and the lowest Human Development Index values. They also experience some of the lowest rates of child immunization, birth registration,
primary school enrolment and access to water and sanitation, and some of the highest rates of infant and under-five mortality and childhood malnutrition. In addition, Solomon and Vanuatu are at particularly high risk to natural hazards and Kiribati is directly affected with the effects of climate change and rising sea levels.

Tier 2 countries are defined as the remaining two lowest developing countries, Samoa (which since 2014 is classified as middle income by the UN) and Tuvalu, and the middle income countries of Fiji, Marshall Islands, Micronesia and Nauru. Disparities within countries are high, particularly for children living on remote outer islands. A number of these countries have experienced stagnant economic growth over the past years and reductions in income from national trust funds, used to supplement national budgets, particularly for the social sectors.

Tier 3 encompasses Palau and Tonga, the Cook Islands and Niue (Cook Islands and Niue have a relationship of free association with New Zealand) and the New Zealand territory of Tokelau. All have middle income status and a generally strong performance on child development indicators, though a few of these countries, as microstates, face considerable capacity gaps. Ongoing technical support is required to advance immunization, child-sensitive legislation and policies, and child rights monitoring.

Updated analysis through the common country assessments carried out for the 14 countries in 2011, as well as the equity atlases on the situation of children in eight countries, indicates that atoll states are particularly vulnerable to external shocks such as the global economic downturns. Recent data on key indicators for children in some areas of Micronesia and Marshall Islands are among the worst in the Pacific.

Each programme component planned a slightly different geographic coverage, as described in the Board-approved document, based on situation analysis and available data for key indicators. However, there are some changes between planned geographic coverage and actual implementation. The midterm recommendations are:

1. Retain the P4-level chief of field offices posts in Vanuatu and Solomon Islands in view of financial throughput, programme and situational complexity, and head of joint presence office responsibilities and lead agency for UN Joint Programme on RMNCAH in Vanuatu

2. Abolish the P4-level chief of field office post in Kiribati and replace with a P3-level specialist with 60 per cent management of UNICEF team and programme responsibilities and 40 per cent responsibilities for WASH in view of reduced and anticipated further reductions in financial throughput in Kiribati and in view of UNFPA assuming the lead joint presence and lead UN Joint Programme on RMNCAH in Kiribati
Discussion and recommendations

In light of UNICEF’s increased focus on disparity and inequity, it is important to reassess country engagement in the Pacific and look beyond gross national income and the Human Development Index. The logic for programming focus and presence in Tier 1 countries in order to leverage both domestic resources and external aid funding remains relevant. However, when sector indicators such as nutrition and child protection are considered, there are significant demographic disparities and overall development challenges in Tier 2 and 3 countries that need more attention than can be given through advocacy and engagement in regional forums. There is also a need to revisit engagement with the north Pacific countries.

Further discussion and clarity are needed on the choice of indicators, standards and principles used for categorization. It is important to highlight that in a number of Pacific middle income countries, progress on certain child development indicators is comparable to or lower than Tier 1 countries. The current tier approach and categorization needs to be adapted to country needs and specificities, while guiding UNICEF engagement within resources and capacities.
Health and Sanitation Programme: Health and Nutrition section

Health and nutrition: Background

The PICTs have made significant progress in reducing child and maternal deaths. This is largely due to high political commitment, steadfast partnership and prioritization of the issue in national plans and budgets. Neonatal causes remain the leading cause of under-one and under-five mortality by far, followed by pneumonia and injuries. Diarrhoea is of concern in Kiribati, Micronesia and Solomon Islands (5 to 9 per cent of under-five deaths) and malaria is of concern in Solomon Islands and Vanuatu (9 to 10 per cent of under-five deaths). In addition, morbidity from these diseases interacts with poor feeding practices and suboptimal treatment practices, leading to stunting and even acute malnutrition, and contributes to impaired cognitive development, low school attendance and poor learning outcomes. While gains are being made through increased parental awareness and knowledge of and access to effective preventive and curative health services, there are significant disparities to overcome in many PICTs in both service delivery and demand determinants of morbidity and mortality.

Gains have been made in immunization coverage, however there is still a need to expand coverage in low-performing countries and introduce new vaccines. The region has been polio-free since 2000. All countries in the Pacific except Micronesia and Solomon Islands, which experienced outbreaks in 2014, have likely interrupted transmission of measles. It is of concern that Vanuatu and Solomon Islands have not introduced the second dose of measles vaccine and that Vanuatu has introduced the measles vaccine only, not in combination with rubella. Fiji, Palau, Micronesia and Marshall Islands have introduced pneumococcal, rotavirus and human papillomavirus vaccines. Seven countries are still without any of these vaccines. All countries now need to introduce inactivated polio and eventually phase out the trivalent oral polio vaccine.

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12 UNICEF Pacific does not cover Papua New Guinea, where measles transmission continues and poses an ongoing risk to other countries with pockets of non-immunized children. The serious 2014 outbreak in Solomon Islands could have been (not yet genotyped/proven) related to measles cases in PNG, whereas the outbreak in Micronesia was related to measles in the Philippines.
Both data and qualitative interviews with health care providers show a double burden on families and health care systems of under-nutrition in children and over-nutrition in adolescents and adults. There is a high prevalence of stunting and micronutrient deficiency, especially anaemia, among pregnant women. There is also increasing incidence of severe acute malnutrition cases linked to dangerous infant and child feeding practices, poor sanitation and hygiene leading to diarrhoea, poor health care-seeking practices and lack of access to modern health care in some places.

**Health and nutrition: Progress on planned results**

The UNICEF health programme has concentrated on support to national expanded programmes on immunization. Nutrition has been limited in funding and scope while interventions in newborn health have been implemented as part of governmental integrated management of neonatal and childhood illness strategies and the Baby Friendly Hospital Initiative (facility based).

UNICEF’s strength in vaccine security has immensely contributed to the reduction of vaccine-preventable diseases in the Pacific, but additional investments are needed to sustain and improve vaccine security in the region. UNICEF and WHO co-lead the regional Pacific Immunization Programme Strengthening partnership and have provided strategic guidance on global norms and standards as well as on how to fill critical gaps in service delivery. The WHO is helping to improve administrative data on coverage and capacity for diagnosing failure of routine systems to reach optimal coverage targets. UNICEF’s strategic role in immunization for children of the Pacific includes procurement and delivery of government-ordered, WHO pre-qualified vaccines to the PICTs at competitive prices; technical assistance to expanding and maintaining the cold chain and to building supply forecasting expertise; in-country technical assistance (with WHO) to analyze and overcome bottlenecks to routine immunization; support to health communication/promotion units with information, education, communication for behaviour change; and assistance in carrying out special campaigns and advocating for the importance of an integrated RMNCAH approach in regional forums and with national ministries. UNICEF works hand in hand with WHO, each providing specialized knowledge and experience. Globally, with the planned ending of the Vaccine Independence Initiative, UNICEF’s Supply Division is proposing a new, expanded initiative (more middle income countries that still have significant immunization coverage and capacity gaps) and is seeking government and donor support. UNICEF Pacific has provided inputs to this new proposed initiative and will continue to work with Supply Division for the favourable consideration of the PICTs’ needs, including more vaccines in more countries.

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11 Other partners providing support to immunization (through various mechanisms, not necessarily UNICEF), in the region are Japan International Cooperation Agency (but it has significantly reduced immunization contributions), New Zealand Ministry of Foreign Affairs and Trade, Australia Department of Foreign Affairs and Trade, and the US Government, including Centers for Disease Control.

12 It is likely there will be a UNICEF Executive Board decision in 2015 on Vaccine Independence Initiative continuation.
To maintain visibility and ensure continuity of work on nutrition, strengthening staff capacity is critical and both the human and financial resources should focus on data and data analysis, service delivery (along with identification of new partners) and advocacy. It will be important to work with the SPC and WHO on the Pacific non-communicable diseases prevention initiative because of its direct linkage to both over- and under-nutrition.

Health and nutrition: Challenges and opportunities

In the first two years of the UNICEF Country Programme, up to 70 per cent of UNICEF Pacific’s health and nutrition budget supported immunization because of strained health ministry capacity for this important public health area and because of crisis responses.

Due to limited funding and limited political will of partners, UNICEF’s nutrition work has not gotten enough traction. Work has been limited to promotion of appropriate infant and young child feeding, emergency interventions and some support to micronutrient programmes. The very high levels of stunting in the Pacific, cases of acute malnutrition—including as an underlying and direct cause of death—and high percentages of pregnant women with anaemia are all compelling reasons to expand nutrition programme work.

UNICEF’s two major funding gaps are for nutrition and immunization. Funding for immunization will come from New Zealand Ministry of Foreign Affairs and Trade maternal and child health grant allocations; a small amount within an RMNCAH grant proposed by UNFPA, UNICEF and WHO to the Australia Department of Foreign Affairs and Trade (DFAT);¹³ and UNICEF’s core, regular resources or thematic funds. Unfortunately, this funding situation coincides with a withdrawal of the Japanese Government from immunization support in the Pacific and major outbreaks of measles in two countries in 2014. The ending of GAVI financial support in the Pacific is of concern given that despite their middle income status, many countries’ health systems are fragile and there are serious gaps of non-fully immunized children and non-rollout of new vaccines.¹⁴ Currently, there is no funding available for emergency preparedness work (including contingency supplies) for the health and nutrition cluster, although immunization, water and sanitation, and nutrition were funded for the 2014 April flood response in Solomon Islands through Ministry of Foreign Affairs and Trade and UNICEF New Zealand and UNICEF Japan. The Safe Motherhood component recently received more attention when funding was mobilized through the New Zealand National Committee for UNICEF together with Ministry of Foreign Affairs and Trade to support activities with UNFPA. Thus it will be more important than ever for UNICEF to influence national budgets in favour of nutrition and immunization, as well as neonatal and infant health, and to work towards mainstreaming under-nutrition into the regional and national agendas on non-communicable diseases.

The proposed Joint Programme on RMNCAH (WHO-UNFPA-UNICEF) is an important platform for greater coordination and synergy across three UN agencies in providing a comprehensive package of support toward continuum of care

¹³ RMNCAH Joint Programme not yet agreed/signed as of September 2014.
¹⁴ Only Solomon Islands and Kiribati continue to get GAVI support and this is being gradually phased out. UNICEF and WHO can also assist Governments to request support from the Measles & Rubella Initiative; this is a good prospect for Vanuatu to introduce the vaccine to replace the current measles-only regimen.
for pregnant women, mothers, newborns and under-fives, and adolescents, in three countries. This is a Pacific adaptation of a global agreement among the agencies and other health sector partners to break down inefficient silos that have developed in ministries of health and among development partners. The initial phase will be for three countries (Kiribati, Solomon Islands and Vanuatu) over three years and aims to provide a model for an improved UN business model. However, RMNCAH is much more than a joint UN programme in three countries: as a health systems-building approach, it is being advocated by all three UN agencies within the regional health architecture (such as Pacific Ministers’ and Directors of Health forums), with regional organizations, and at national level.

Health and nutrition: Discussion and recommendations

While there should be further analysis on the scope of work in order to be more concrete in what the programme can achieve and tailor ambitions to available or expected funding, it was agreed that the programme should:

1. Target countries with slow progress in neonatal mortality reduction;

2. Consolidate and expand support to immunization across the Pacific, including building capacity for supply forecasting and funding, expanding and maintaining the cold chain, and mobilizing and carrying out routine immunization for improved coverage; fast track remedial action for immunization as required (likely continued focus on Vanuatu and Solomon Islands); advocate for inclusion of additional or newer vaccines in the Vaccine Independence Initiative and in ministry plans and budgets;

3. Advocate for RMNCAH continuum of care, integrated approach in regional partnerships, strategies and frameworks and in national strategies while piloting RMNCAH as a UN Joint Programme approach for improved UN efficiency and effectiveness in three countries; and

4. Strengthen attention to under-nutrition within the regional non-communicable disease agenda and at political and technical levels in countries; increase focus on nutrition programming for five target countries and a comprehensive and intensive package for countries with moderate to severe malnutrition; and maintain a regional contingency stock of supplies needed for treatment of severe acute malnutrition.

Strategically, the programme should consider ways to expand existing interventions and improve efficiency in financial spending in order to realize universal health coverage. The programme should also better articulate the importance of UNICEF’s role and added value to the Pacific health agenda. There is a need to foster collaborative partnerships with other players, including NGOs, to adapt to the changing programming environment and find mechanisms to leverage technical and financial resources (e.g., linking the regional non-communicable disease crisis to under-nutrition programming). In this regard, the programme could also better link emergency technical and financial support to a recovery period that strengthens routine programming and health systems.
In terms of advocacy, the key agenda should evolve from the Sustainable Development Goals to influencing the universal health coverage agenda in next generation national and district strategic plans and budgeting processes in order to increase fund allocation and improve efficient, timely spending on maternal, neonatal and child health.

Health and Sanitation Programme: Water, Sanitation and Hygiene (WASH) section

WASH: Background

The Pacific has uniquely fragile water resources due to small size, lack of natural storage, competing land use, and vulnerability to natural and anthropogenic hazards, including drought, cyclones and urban pollution. Water and wastewater service providers are constrained by lack of human and financial resource bases, restricting the availability of experienced staff and investment and making operating on a cost-recovery basis very challenging. Water and sanitation governance is complicated by disconnection between traditional community and national administration practices and instruments, as well as by fragmentation of responsibility, even in urban areas. Traditional sanitation practices, including open defecation, are not environmentally sustainable in areas that have grown more populous or even crowded (in cases of informal urban settlements), however, on water-scarce atolls and in urban areas where there are already dense buildings and roads, modern sewage or septic systems are either environmentally inappropriate or very expensive to construct.

The Pacific has shown the lowest increase in access to improved drinking water and sanitation since 1990 in the world and as a region and is off-track to meet the MDGs. Only 30 per cent of people living in PICTs have access to improved sanitation and 52 per cent to improved drinking water. Outside of Papua New Guinea, countries with the lowest access to improved sanitation include Kiribati (40 per cent), Solomon Islands (29 per cent), Micronesia (57 per cent) and Vanuatu (58 per cent). These countries are also off-track to achieving the MDG targets on sanitation.

There has been an increase in funding for water and sanitation programmes in the Pacific, which has yet to translate into sufficient improvements in the situation. Even the three focus countries have shown little progress. Improved and piped water coverage varies greatly across the Pacific. Access to water and sanitation in schools differs among Pacific countries due to how standards are defined: Kiribati’s low figures are accounted for by a standard that includes minimum water quantity and toilets per student. In addition, school water systems are highly vulnerable. For example, most schools in Tuvalu depend entirely on rainwater harvesting. Open defecation is still an issue in some countries – rural Solomon Islands (66 per cent), urban areas (54 per cent); rural Kiribati (49 per cent) and urban areas (36 per cent). Schools and health clinics, as well as urban and rural communities,
throughout the Pacific are highly vulnerable to water shortages in some years and flooding in other years, depending on complicated rain patterns that have been altered by climate change (including the rise in ocean temperature).

UNICEF's priority countries of Kiribati, Vanuatu and Solomon Islands have high rates of waterborne diseases and under-five mortality and are therefore the focus of UNICEF Pacific's WASH programme in those countries. Convergence with the Education programme has resulted in multiplicative results in Solomon Islands' primary schools, where new or rehabilitated water systems and toilets, hygiene education and solar power have led to increased enrolment, attendance, teacher morale, community engagement and learning outcomes. This model is ready for replication in schools without electricity and adequate water and toilets. Fiji continues to be supported through the WASH in Schools programme as a model for elsewhere in the Pacific (and for government expansion in Fiji) of UNICEF and GIZ’s global Three Star Approach. Assistance to most other countries is only provided on an ad hoc basis or for emergency preparedness and response, including capacity building for WASH cluster coordination. UNICEF Pacific also engages in regional forums and partnerships, including the Pacific WASH Coalition, for knowledge sharing including lessons learned, and for greater coordination, coherence and aid effectiveness. At a regional level, UNICEF is the WASH cluster coordinator under the Pacific Humanitarian Team, led by UN OCHA.

WASH: Progress on planned results

The WASH programme focuses on two planned outputs:

1. Communities, schools and health centres use improved water and sanitation facilities and children and their caregivers have better hygiene practices in rural and peri-urban villages/communities; and

2. Communities and Government are more disaster resilient, with stronger capacity to prepare, coordinate and respond to disasters and adapt to climate change in the WASH sector.

In order to achieve these outputs, the following related approaches are being taken: access to WASH education in rural and peri-urban villages or communities; Community Approach to Total Sanitation; sector policies/strategies, institutional capacity and donor coordination; WASH in Schools; WASH emergency preparedness, coordination and response; and water, climate and disaster risk resilience.

Progress has included:

- Support to Governments on policy, strategy, monitoring, reporting and advocacy, underpinning achievements of national-level results
- Community Approaches to Total Sanitation in Kiribati and Vanuatu, including certification of open-defecation free communities in 16 islands

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16 Cook Islands, Fiji, Kiribati, Marshall Islands, Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Vanuatu.
17 Also known as Community-Led Total Sanitation.
• Improved rural access to water in volcanic and mountainous areas of Vanuatu
• WASH in Schools in Fiji and Solomon Islands
• WASH emergency preparedness and response capacity building, including cluster lead regionally and in countries; humanitarian response in Fiji, Tonga and Solomon Islands
• Child vulnerability and risk resilience mapping
• Regional platforms and partnerships for knowledge sharing, coordination, coherence and quality assurance

UNICEF closely collaborates with national partners and regionally through the Pacific Partnership on Sustainable Water Management facilitated by the SPC-Applied Geoscience and Technology Division. The Pacific WASH Coalition is affiliated with the global Water Supply and Sanitation Collaborative Council and provides a platform for exchange of lessons learned and expertise, regional alignment of projects and programmes, and development of joint initiatives. The Pacific WASH cluster arrangements under the Pacific Humanitarian Team make use of the collaborative platform to address disaster response and preparedness for the WASH sector in close collaboration with the WHO-led regional health cluster. WHO is also a partner for advocacy for monitoring access to good quality water and sanitation through the Joint Monitoring Programme and collaborates on drinking water safety.

The Water and Sanitation Sector Coordination mechanism established by the Pacific Infrastructure Advisory Centre under the Pacific Regional Infrastructure Facility with membership of Asian Development Bank, Australia, European Union, New Zealand and the World Bank provides UNICEF with entry points for sector-wide support. UNICEF engages closely with the New Zealand Ministry of Foreign Affairs and Trade and the World Bank for sector support in Vanuatu; with the European Union, New Zealand and the Asian Development Bank in Kiribati; with the European Union and Australia in Solomon Islands, and with Australia and Fiji Airways in Fiji. UNICEF New Zealand is a close partner for both development and humanitarian work in the Pacific. UN OCHA’s central emergency response fund and UNICEF’s thematic funding have also been key to effective humanitarian response.

A recent partnership with the Dutch non-governmental organization AKVO allows the introduction of innovative approaches and use of mobile phone technology to advance monitoring and mapping of WASH needs and interventions in the Pacific. In its operations, UNICEF works closely with non-governmental partners and has established several programme cooperation agreements, including with World Vision, Live and Learn Environmental Education, OXFAM, Save the Children and Red Cross Societies.
WASH: Challenges and opportunities

Programme implementation challenges identified during the Midterm Review were workflow constraints, lack of adequate administrative support in field offices, and attracting and retaining quality staff for deployments outside Fiji. Additional administrative and technical staff is required given the large volume of business transactions and the technical complexity of the WASH programme.

Human and financial resource constraints continue to hamper sustained progress within the Government-led sector. UNICEF should leverage external technical support, global best practices and increased financing to support both Government and civil society to strengthen their capacities and improve achieving results for peri-urban and rural areas based on evidence, enhanced awareness, community ownership and increased political will. Consolidating proven successes in convergence, there should be even closer linkages with education and health programmes.

UNICEF has both a development and a humanitarian mandate. Emergency relief efforts and fulfilling UNICEF’s global, regional and national obligations as WASH cluster lead agreed with the Inter-Agency Standing Committee, the Pacific Humanitarian Team and PICTs are a significant responsibility in the disaster-prone Pacific, but preparedness work, including staff costs, has proven difficult to finance. Staff are stretched to deliver on both development and humanitarian commitments.

WASH: Discussion and recommendations

The Pacific WASH programme has substantially grown in scope and volume since 2008 (in 2013–2014, 30 to 40 per cent of total UNICEF other resources were for WASH). Additional financing from thematic funds, New Zealand (Government and UNICEF New Zealand) are being planned for the remainder of the 2014–2017 period. Thus the WASH section of the Health and Sanitation programme has grown to the extent that it is recommended to delink the daily management and oversight of WASH activities from health and nutrition work. The two sections will retain a close collaborative approach for data collection and analysis, programme planning, implementation, and monitoring and evaluation.

Climate and disaster risk considerations should be better incorporated in project designs and interventions so that emergency preparedness and response efforts are better aligned with existing interventions. This can be done quite efficiently for Fiji, Kiribati and Solomon Islands, but for other countries, partnerships are required to effectively contribute to positive change, building on best practices and lessons from other countries.

UNICEF presence and capacity in field offices should be strengthened, including engagement with provincial and local governments, schools, landowners and the community in general.
It is recommended to expand WASH programmes in schools, in convergence with Education, and to better document the interventions and lessons in order for advocacy to replicate at scale by Governments and other partners.

Cross-programme collaboration in the use of mobile technologies and in monitoring of results for increased equity should be strengthened, in particular with health and education programmes. There are also opportunities with partners in the Pacific where UNICEF can join existing programmes that can be used to further its work and impact.

In the Pacific, there are significant implementation bottlenecks at provincial and local levels. WASH officers in the field must have the capacity to effectively communicate and work with traditional leaders in the community given the complexity and sensitivity around land and cultural issues.

**HIV & AIDS Programme**

**HIV and AIDS: Background**

HIV prevalence in the Pacific remains very low although most countries have been reporting a steady increase in the number of new cases each year. For example, Fiji’s 2014 ‘Global AIDS Progress Report’ indicates that between 2000 and 2008, there was an average increase of 30 new HIV infections recorded each year, while from 2009 to 2014, an average of 60 new cases were reported annually, bringing total cases to 546 as of June 2014. Though fewer new cases have been reported in Kiribati, Solomon Islands and Vanuatu compared to Fiji, more are being reported following recent advances in HIV testing and counselling in these countries. Consistently high rates of STIs, especially among young people, high prevalence of unplanned and unwanted teen pregnancies and high-risk sexual behaviour are common challenges across the Pacific that warrant vigilance over the HIV situation. Two studies in Fiji indicated that prevalence of HIV among men having sex with men is 0.2, compared to national prevalence of 0.001, indicating that this is a particularly high-risk group.

The UNICEF Pacific HIV and AIDS programme was established in 2008 to reduce vulnerability to and impact of HIV and AIDS among the most-at-risk populations in at least six countries. Of these, Solomon Islands, Vanuatu and Kiribati were selected as the main countries of focus, while Fiji, Samoa and Tuvalu were added for limited interventions because of their apparent increase in HIV cases and because of the large (by Pacific standards) population size in Fiji.

UNICEF’s programme engages in strategic partnerships with regional, national and sub-national stakeholders. It works closely with ministries of health (at national and sub-national levels), civil society and faith-based organizations, UNAIDS, WHO, UNFPA, the SPC, the International Planned Parenthood Association and Empower Pacific (a national Fiji-based non-governmental organization).
HIV and AIDS: Progress on planned results

Good progress has been made in some areas. Between 2013 and 2014, consistent UNICEF advocacy led to a regional agreement to pursue HIV/STI surveillance. A second generation sentinel surveillance study was commissioned recently among women attending antenatal care clinics in Solomon Islands, which will contribute to establishing HIV prevalence estimates in the general population.

In supporting reporting obligations on the global AIDS periodic reports, there is increasing state ownership of the process across the region and for the first time, Fiji was able to coordinate, write and submit its 2013 report independently. The development of national annual work plans has assisted countries in better coordinating HIV activities.

Making HIV testing and counselling services routine for antenatal care attendees and a gradual shift from the current client-initiated HIV testing and counselling approach to the provider-initiated approach was UNICEF’s primary focus in 2013. As a result, the Ministry of Health in Kiribati adopted a national HIV testing and counselling policy that embraces the opt-out approach for HIV testing of pregnant women. In addition, in Fiji an HIV testing algorithm was developed and approved by the National HIV Board in October 2013. Adoption of the new algorithm enabled Fiji policymakers to develop the first national HIV treatment and counselling policy. In Solomon Islands, the number of sites using rapid HIV tests for screening increased from three (in 2011) to nine. Kiribati is piloting HIV rapid tests in three clinics of South Tarawa. Similar plans to commence HIV screening of pregnant women in rural and remote health clinics using rapid tests, with confirmation at sub-divisional hospital, have been adopted by Fiji.

Most of the countries are currently adopting Option B for treatment of HIV-positive mothers; national consultations to consider the transition to Option B+ will be held as follow up to the Pacific National STI/HIV Programme Managers meeting. Fiji is the first country in the region to successfully transition to PPTCT Option B+ by revising its PPTCT policy and aligning programmatic and operational structures with the policy, which enables pregnant women to live longer and healthier lives by adopting antiretroviral therapy treatment for life. It will also help reduce transmission to the fetus in future pregnancies as well as to her partner, if the latter is HIV negative.

In order to assess coverage and quality of sexuality and life skills-based education for young people and adolescents, UNICEF, in partnership with UNFPA and UNESCO, supported a comprehensive review of the education sector response to HIV prevention in Fiji, Kiribati, Vanuatu and Solomon Islands. Findings highlighted the need for greater investment in improving delivery of sexual and reproductive health, including HIV and AIDS education, in schools. This is included in a proposed Joint Programme with UNFPA, UNICEF and UNESCO on comprehensive sexuality education.18

18 This joint programme had not yet been funded as of October 2014.
HIV and AIDS: Challenges and opportunities

PICTs depend on external funding and technical support to implement their national AIDS programmes. In some cases, almost 90 per cent of the national response to HIV and AIDS is supported by external funding sources, such as the Global Fund. However, overall funding for HIV-related activities has reduced significantly over the last few years. UNICEF and other HIV and AIDS partners (SPC, other UN agencies, non-governmental organizations) now have much less funding than in previous years, resulting in reduced support to countries.

There is a gradual openness towards rapid test or point-of-care testing to cut down turnaround time for test results (from two months to 20 minutes), thus reducing loss of patients to follow up. Point-of-care testing has long been a policy position held by UNICEF; it is now making headway, at least in Fiji. But newborns are still dying from HIV because test results arrive too late for them to get on life-reviving antiretroviral therapy immediately. UNICEF will continue to advocate for and dedicate resources to ensure that point-of-care testing using rapid tests with provider-initiated counselling and testing is expanded in focus countries.

Advances in technology, including the expanding mobile and telecommunication infrastructure in the Pacific, have spurred growing interest in the use of data and technology to improve patient tracking, reporting, monitoring and delivery of programme results. mHealth application is a real possibility in the PICTs. The use of mobile devices such as mobile phones and tablet computers can greatly improve efficiency in service delivery and strengthen information systems, particularly for remote, hard-to-reach populations. mHealth typically runs on open source platforms and allows for easy interface with existing health information systems, with applications tailored to different programme needs. It could provide an important vehicle for expanding the use of ICT to strengthen linkages between HIV, maternal and child health surveillance and treatment, birth registration and other services such as water and sanitation.

The 2015–2019 Sexual Health and Well-Being Shared Agenda for the Pacific, which was endorsed recently by Pacific health ministers, provides an important opportunity to integrate HIV and STI surveillance, testing, counselling, care and treatment programmes within an integrated RMNCAH programme. This strategic shift in the Pacific is timely but will require vigilance to ensure each component of continuum of care is fully addressed, including HIV and AIDS.

Providing high-level technical support in the development of proposals to the Global Fund is the main opportunity to leverage funding for PMTCT, HIV testing and counselling.

HIV and AIDS: Discussion and recommendations

UNICEF contributed significantly to the inclusion of interventions such as PPTCT, paediatric antiretroviral therapy, early infant diagnosis and HIV/STI prevention among adolescents in government plans and budgets. These results should be

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19 Except the Government of Fiji, which funds the entire package of screening (HIV, hepatitis B and syphilis) from its own health budget.
consolidated for the remaining country programme, with the view to assist PICT Governments to sustain and finance HIV interventions. In this respect, UNICEF will complete its current commitments, using thematic and core funding, to strengthen HIV/AIDS surveillance and scale up PPTCT and adolescent prevention in five countries, including the use of this routine data for planning, referral management and coordination between services.

The use of technology to improve health systems reporting, monitoring and delivery of programme results is an important opportunity to provide access to care to the unreached and improve equity. Investing in mHealth will strengthen the collection and analysis of routine HIV data along with other RMNCAH data and promote better management of cases and coordination between services.

UNICEF should continue to advocate for ‘opt out’ (versus ‘opt in’) approaches to testing – pregnant women should be getting routine testing and counselling for HIV/AIDS. Only Fiji and Kiribati have taken this option thus far. In addition, UNICEF should do more advocacy and facilitation of South-South cooperation for adoption of Option B+, allowing HIV-positive women to obtain lifelong treatment.

The successful partnerships should be continued, particularly within the UNFPA-UNICEF-IPPF Joint Programme, and with the principal recipient of the Global Fund HIV and AIDS funds. Furthermore, well-targeted advocacy should be continued, such as with the President of Fiji, who has been a champion, with UNICEF support, for policy changes (such as an HIV decree and establishment of an HIV board that monitors the HIV and AIDS response.) Similar engagements with other potential champions should be promoted in other focus countries.

To better align with the Pacific regional RMNCAH strategy as well as with the UNDAF Outcome on Health, and to realize synergies from programming and funding for RMNCAH, it is recommended to gradually integrate HIV and AIDS work within UNICEF’s Health and Sanitation programme, and specifically, into the health and nutrition section. For example, the RMNCAH strategy includes sexual and reproductive health for adolescents, as well as antenatal, maternal and paediatric health, all convergence areas for HIV and AIDS. Integration offers the opportunity to eliminate duplication and use existing infrastructure and personnel more efficiently. The proposed integration approach can strengthen national responses to health care for mothers, adolescents and children generally and HIV specifically by linking what are now separate health information systems and prevention and treatment services.

A phased approach to integrating HIV and AIDS into RMNCAH will be followed, with retention of separate HIV and AIDS programme planned outcomes and outputs to simultaneously begin to realize synergies while working towards a smooth transition. In Kiribati, Solomon Islands and Vanuatu, WHO, UNICEF and UNFPA will begin formulating joint RMNCAH work plans with ministries of health, and it is important to position HIV and AIDS interventions within these plans. The use of innovative technologies and approaches (such as mHealth) is one means by which the integration will be supported.
Stronger partnerships with other programme areas such as education and child protection could specifically address HIV prevention and protection issues in adolescents, but these roles should be clear, effective and efficient and based on the availability of funding and technical expertise within the programmes.

UNICEF’s Policy and Advocacy section should include advocacy for HIV-infected women and children, as a particularly vulnerable group, to guaranteed treatment and care, in its social protection work.

The programme will continue to honour the joint programme commitments on HIV prevention in adolescents with UNFPA and International Planned Parenthood Federation through 2019. These include development of adolescent-specific policies and guidelines on reproductive health, including HIV prevention, strengthened service provision and enhanced community engagement to reduce adolescent risk to HIV exposure in selected countries.

**Education Programme**

**Education: Background**

In the Pacific, there are high primary school enrolment rates (with the exclusion of particularly vulnerable children, such as the disabled), but literacy and numeracy achievements are relatively low: 70 per cent of children in grades 4 and 6 are not at the desired literacy level and 50 per cent do not acquire the desired numeracy levels. This contributes to less than optimal progression to secondary school. There are also high repetition rates in the early years of primary education. Early childhood education net enrolment rates are low in Kiribati, Solomon Islands and Vanuatu and budget support for early childhood education is minimal.

**Education: Progress on planned results**

The planned 2013–2017 outcomes for education are:

1. More children aged 3 to 5 benefit from quality early learning development opportunities
2. More girls and boys access schools that uphold minimum national quality standards and support student achievement to the end of the primary cycle

The key planned outputs are:

1. By 2017, young children in targeted areas in the Pacific benefit from increased access to quality early childhood development programmes through regional and in-country interventions, including during emergencies
2. By 2017, children in the Pacific, including those living with disabilities in targeted areas, benefit from increased enrolment and retention rates as well as from improved literacy and numeracy outcomes

Currently, UNICEF works with a range of implementing partners, including ministries of education, health and social welfare (for early childhood development),
provincial authorities, schools and communities, international and national non-governmental organizations, and other UN agencies such as UNESCO and UNFPA. Furthermore, the programme is expanding regional knowledge partnerships, especially with regional networks such as the Pacific Islands Forum Secretariat, SPC, Secretariat of the Pacific Board for Educational Assessment, Pacific Regional Council for Early Childhood Care and Education, Asia Pacific Network for Early Childhood, the United Nations Girls’ Education Initiative, University of the South Pacific, Council of Pacific Education, the World Bank and the private sector to expand programme reach and effectiveness.

Some key accomplishments and progress since programme inception in 2013 include:

• The pilot installation of solar power systems in five schools in Solomon Islands, in convergence with installation or rehabilitation of toilets and water systems, has led to improved attendance, learning outcomes and teacher morale and has established these schools as evening community centres for learning.

• Rehabilitation and improvements to adhere to minimum national WASH standards in 15 schools have benefitted 2,449 children and their teachers in Fiji; as the same schools are used as evacuation centres in disasters, this improves disaster readiness and resilience for the communities.

• The implementation of national minimum quality service standards for schools was a key trigger for several ministries of education in targeted countries to move into and/or strengthen their school-based management and school improvement plans linked to school grants. This is a clear example of how UNICEF can act as a catalyst for a more comprehensive approach to quality education and leverage resources for expansion of the initiatives.

• The Pacific Teachers’ Code of Ethics defined and implemented in Fiji and Tonga has been endorsed for further expansion in the Pacific by the Ministers of Education.

• Education in emergencies policy in Fiji was developed and UNICEF responded to emergencies in Fiji, Tonga, and Solomon Islands, including with cluster coordination, supplies and services.

• The Pacific Regional Council for Early Childhood Care and Education has been established with UNICEF as secretariat to lead and coordinate policies and programmes in the Pacific; an early childhood care and education situation analysis was completed in Solomon Islands and Vanuatu and is underway for Kiribati and Tuvalu.

• Early childhood care and education curriculum, learning standards, tools and resources were all designed, including the early identification tool for teachers and parents, in Vanuatu.

20 Except the Government of Fiji, which funds the entire package of screening (HIV, hepatitis B and syphilis) from its own health budget.
• Technical assistance to Ministry of Education, Youth and Sports for implementing the Achieving Education for All project was provided in Tuvalu, including training and implementation for improved primary school management and production of reading materials for early childhood centres.

• UNICEF chaired the UNDAF Outcome Group on Education in order to have coordination and coherence among UN agencies and for monitoring and reporting on UNDAF planned outcome-level results on a country-by-country and regional basis.

**Education: Challenges and opportunities**

The UNICEF Education programme is mainly funded through UNICEF core resources, UNICEF global thematic funds, and some New Zealand National Committee contributions for projects, mostly in Solomon Islands. In addition, DFAT is funding the Achieving Education for All in Tuvalu programme until 2015. Very limited funding for the UNICEF Education programme has resulted in posts being left vacant and others in jeopardy. There have also been particular challenges with attracting and placing high calibre international staff in Tuvalu, resulting in long periods of work being covered remotely from Fiji and through frequent missions to Tuvalu. The small number of funded staff have to multitask, splitting time between humanitarian work (including co-lead with Save the Children of the regional education cluster) and development work. Funding has not yet been mobilized for disaster risk resilience, including emergency preparedness.

A commitment for core resources to be placed in a pooled donor education fund in Vanuatu had to be discontinued when funds became scarce and questions were raised about government accountability. Subsequently, UNICEF has been working through direct technical assistance from staff in Vanuatu and specialized consultancies.

Early childhood education and development partners in the Pacific are of limited number and capacity, particularly related to quality research and analysis. Governments tend to give early childhood education the least priority compared to funding primary, secondary, tertiary and vocational training, despite ample evidence and advocacy that a good start in life has a strong positive correlation with learning outcomes thereafter.

**Education: Discussion and recommendations**

To ensure that limited funds are used to maximum effect, the programme will mainly concentrate support on the three countries with the lowest education performance indicators: Kiribati, Solomon Islands and Vanuatu. Support provided to the Tuvalu education sector will cease at the end of the current contribution agreement, unless the Government and donor decide to enter into another agreement to carry out a second phase project to achieve education for all in Tuvalu.
While the programme will prioritize attention and support to early childhood education, continuous teachers’ capacity development and innovative models for improved learning outcomes, it is important to remain engaged in education policy and Pacific-wide influence, including for regional leadership in early childhood education. The programme should strengthen engagement with partners and explore regional knowledge partnerships.

The programme has been able to expand pilots, for instance for the code of ethics national minimum standards through a combination of fieldwork, national engagement and policy promotion. It is recommended to consolidate these successes and focus on such strategies for maximizing the use of limited resources.

To attract additional funding, the programme will have to accelerate fundraising efforts. It could do so by focusing on a package of complementary interventions with tangible results and interrelated approaches across programmes such as solar power, ICT-based knowledge and monitoring systems, and WASH in Schools.

The programme should also continue its support to education in emergencies, following earlier investments in capacity development and commitment to cluster arrangements. New memorandums of understanding should be sought with Save the Children to more efficiently allocate responsibilities for the cluster lead role across the Pacific.

**Child Protection Programme**

**Child Protection: Background**

Public acceptance of violence as a suitable punishment for children remains high in Pacific countries. In PICTs where baseline data exists (Fiji, Kiribati, Samoa, Solomon Islands and Vanuatu), more than 70 per cent of adults admit to using violent punishment on children at home. Studies have found high percentages of children have experienced physical punishment and/or psychological aggression in the home in many countries: Fiji (72 per cent), Kiribati (81 per cent), Solomon Islands (72 per cent), and Vanuatu (78 per cent). Child protection baseline research in north Pacific countries (Palau, Micronesia and Marshall Islands) has revealed that more than 20 per cent of parents use physical punishment “that hurts a child” on a daily basis, and “verbal humiliation” is used on at least 12 per cent of children on a daily basis. The Pacific is also home to three of the top five countries globally with the highest proportion of adolescent boys who are supportive of wife-beating (Solomon Islands, Marshall Islands and Tuvalu).

A number of PICTs still report very low birth registration rates, with Solomon Islands reporting less than 0.1 per cent coverage rate (2007 data) and Vanuatu reporting 40 per cent (2013) coverage with great disparities between urban and rural populations.

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21 Except the Government of Fiji, which funds the entire package of screening (HIV, hepatitis B and syphilis) from its own health budget.
Most PICTs lack a dedicated social welfare/social services division within government (including Samoa, Marshall Islands, Micronesia, Vanuatu, Nauru and Tuvalu) and also lack human resource capacity in the form of trained and experienced social welfare staff, police and legal professionals. In addition, most PICTs lack protocols and procedures for detection, referral and case management, and where these services do exist, they generally do not adhere to international minimum standards of care.

**Child Protection: Progress on planned results**


1. Child protection systems (including justice and police, child and family social services, health and education, and communities) provide improved quality of and access to services for the prevention of and response to violence, abuse and exploitation of children at all times.

2. Parents, caregivers and children demonstrate skills, knowledge and behaviour enabling children to grow up in caring homes and communities, including schools that are free from violence, abuse and exploitation.

There are few PICTs where child protection partnerships exist, though there is strong international NGO presence in Solomon Islands and Vanuatu (Save the Children and World Vision), with capacity to reach the district and community level. UN partnerships include UN Women, UNFPA and UNDP in the area of ending violence against women and children and gender-based violence. Joint programmes are being developed on ending violence/gender-based violence in Kiribati and Solomon Islands. In the law and justice sector, UNICEF collaborates with the Regional Rights Resource Team, under SPC. The team has presence in most PICTs.

The programme has developed strong collaboration on civil registration and vital statistics through the Brisbane Accord Group, and this partnership of SPC, UN agencies, academic institutions and civil registrars has greatly enhanced capacity to deliver on results in birth registration by leveraging partner resources.

Between the start of the country programme in 2013 and June 2014, key achievements include:

- More than 12 per cent increase in birth registration for under-fives in Kiribati, Vanuatu and Solomon Islands

- Improved knowledge base on child protection with baseline reports completed and launched for Marshall Islands (2013), Micronesia, Palau and Samoa (2014); reports influenced government prioritization of legislative reforms and services
• Child protection recognized and incorporated into government development plans and sector strategies and plans in Fiji, Kiribati, Marshall Islands, Nauru and Solomon Islands

• Up to half a million children protected by stronger legislative framework and improved law enforcement

• Improved procedures for services to prevent and respond to child protection

The reach and impact of the programme has been enhanced by three key factors:

1. Expanded partnerships with development and regional partners, particularly in civil registration, ending violence and law reform

2. Decentralization of services to provincial, district and/or island council level, particularly with regard to birth registration and delivery of some social welfare services, have more effectively reached vulnerable populations outside remote areas

3. Integration of child protection with other sectors/ministries through innovative partnership arrangements such as health for birth registration, education for prevention of violence and abuse in schools, protection in emergencies mainstreaming

Child Protection: Challenges and opportunities

Structures for child protection are weak or non-existent in most Pacific countries. Child protection is a conscious decision, so dynamics are different compared to other issues, and there is therefore a need to consider normative frameworks that address behaviour and attitudes.

In Vanuatu, DFAT has a strong role in the law and justice sector, including interventions to strengthen child protection. UNICEF therefore will not attempt to duplicate support being provided or planned but will focus on a limited number of targeted results where it can bring added value.

While the programme has mobilized resources, in particular from DFAT and the European Union, funding gaps have meant limited capacity to support sensitive areas, drive innovations, demonstrate results to leverage resources, and improve emergency preparedness and response.

Child Protection: Discussion and recommendations

It is recommended to maintain current results and realign the programme focus based on a country-by-country analysis, using data from the baseline studies. It is proposed that the Child Protection programme reduce its support in Vanuatu to a few key areas (violence prevalence study, birth registration, child protection law).
Opportunities for engagement in the north Pacific will be explored. During the second half of the country programme, selected programme models/pilots in the north Pacific along with modalities of working including staffing will be tested.

In Kiribati, significant progress has been made on law and policy reform. As the programme shifts from law reform to modelling implementation models, a range of high-level technical skills will be required in social welfare, social work, organizational management and information management.

New flexible modalities of technical support will be explored, including placing technical consultants within government departments for specific time-bound tasks to build capacity, partnering with bilateral volunteer programmes such as Australian Youth Ambassadors for Development and New Zealand Volunteers, and developing institutional contracts for service provision in technical areas such as social work training (i.e., University of the South Pacific).

It is recommended that the programme strengthen engagement on social norms and intensify sub-national services in focus countries with greater emphasis on the most vulnerable groups and expansion of current models.

The programme should also address cross-cutting development issues including gender and disability and ensure the use of distinct indicators to measure progress, while also continuing efforts at documenting good country examples to strengthen South-South cooperation and considering whether there is a need for a regional strategy/approach.

Political commitments are not supported by funding. In some countries, there is a mismatch between commitments and funding that affects implementation. There is a need to mobilize funds from other partners.

Finally, there should be more focus on what the programme can realistically deliver in the area of emergencies where UNICEF has the lead on child protection within the protection cluster.

**Policy Advocacy, Planning and Evaluation (PAPE) Programme**

**PAPE: Background**

The PAPE programme was established in 2008 to “help Pacific island countries place children at the centre of national policy, legislation, planning and budgeting.” It was designed to connect valid, reliable, up-to-date data with advocacy for the transformation of social policies in the Pacific. Programmatic shifts were introduced over time to incorporate cross-cutting issues affecting children such as climate change, urbanization, the global economic crisis and social protection, and to give special attention to children with disabilities. While drawing on expertise in all UNICEF programme areas, the PAPE programme takes the lead on support to Governments and to the CRC Committee in Geneva for monitoring and reporting on compliance with the CRC and implementing committee recommendations.
Since its inception, the programme has included advocacy, external communications and communication for behavioural change; programme planning, monitoring and evaluation; emergency preparedness and response; and engagement with regional networks and agendas. Funding has come from the Government of Australia, core resources and allocations from other UNICEF programmes for support in the above areas.

PAPE: Progress on planned results

The programme has three main outcomes under the current 2013–2017 UNICEF Pacific Multi-Country Programme

1. Social policies, safety nets and budgets progressively address disparities and build resilience for the realization of child rights.

2. Governments, communities, youth networks and media engage in advocacy, communication and partnerships to reduce inequities and promote care and protection of children.

3. Programme results are enhanced through effective planning, monitoring, evaluation, joint UN coordination, and resource mobilization.

The programme relies heavily on collaboration with other UNICEF programmes as well as other UN agencies, regional organizations and universities. These are mentioned in the progress summary below.

PAPE has achieved the following results or progress towards results since inception in 2013 (building on successes of the previous programme cycle):

- The programme positioned UNICEF as a partner for leveraging national household surveys to maximize the collection of information on the situation of Pacific children (e.g., through inclusion of multiple indicator cluster modules). UNICEF is supporting Demographic and Health Surveys (DHS) in three countries (Vanuatu, Samoa and Solomon Islands) in partnership with SPC, national statistical offices and other development partners.

- Two atlases of social indicators on children – for Micronesia and Marshall Islands – were completed, adding to those produced in the previous programme cycle. These statistical publications provide evidence for effective decision-making on policies, programmes and budgets by tracking progress for children and identifying disparities by location, gender, age and wealth.

- A new training package to build national capacity in statistical literacy and use of data to support child-relevant planning, decision-making and advocacy has been used in two countries.

- As lead partner in the UN Pacific Joint Programme on Disability, UNICEF together with WHO undertook significant advocacy efforts to improve information on the situation of children, women and men with disabilities.
As a result, national statistical offices attending the 2013 Regional Conference of Heads of Statistics and Planning (led by SPC) committed to strengthening the collection, analysis and dissemination of disability statistics.

The new module on child disability developed by UNICEF and the Washington Group on Disability Statistics was included in the Samoa 2014 DHS. A publication on the situation of children, women and men with disabilities in Vanuatu is currently underway.

UNICEF and other UN agencies conducted a review of sentinel site monitoring in the aftermath of the global food, fuel and financial crisis between 2009 and 2012. The ‘Study on Child Poverty and Hardship in Kiribati’ was finalized and the programme contributed to the UNDP-led ‘Report on Social Exclusion and Vulnerability in the Pacific’. UNICEF is leading an assessment of Fiji’s Care and Protection Allowance, the only national cash transfer and food voucher programme or vulnerable children that exists in the Pacific, in collaboration with the Ministry of Social Welfare, Women and Poverty Alleviation. Results will inform future reforms of Fiji’s social protection system and be used to draw lessons learned that could benefit other PICTs seeking to introduce or expand child-sensitive social protection schemes.

The programme contributed to visibility of children and youth in high-level processes and dialogue in close collaboration with other UN agencies and regional partners, for example in the Third International Conference on Small Island Developing States 2014; briefings on post-2015 and MDGs for Pacific ambassadors and leaders; support to youth engagement through My World 2015; and a submission for the 2013 Pacific Plan Review.

In 2013, PAPE was part of a regional support team, led by the Secretariat of the Pacific Regional Environment Programme, which supported the Government of Kiribati with the development of its Joint Implementation Plan for Climate Change Adaptation and Disaster Risk Reduction.

PAPE also coordinated the participation of 10 PICTs and the SPC in the 2nd High-Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific.

With support from UNICEF, Niue and Tuvalu held plenary sessions with the CRC to review their state reports in January and September 2013, respectively. For the first time ever worldwide, these sessions were held through a video link between the CRC Committee in Geneva, Switzerland, and the UNICEF Pacific Office in Suva, Fiji. This innovative, cost-effective approach can potentially be scaled up to other PICTs with small, under-resourced administrations. The programme coordinated UNICEF’s confidential reports to the pre-sessional working group of the CRC Committee and contributed to Joint UN information reports for the universal periodic reviews for Fiji and Vanuatu in 2014.
• In 2013, UNICEF initiated a partnership with UN Women and OHCHR to provide technical assistance in Micronesia and Marshall Islands (both off track by 18+ years with their CRC report) to coordinate CRC and CEDAW reporting. UNICEF also provided technical support to the preparation of the overdue periodic CRC reports in various Pacific countries and assisted Fiji with the preparation of its response to the Committee’s list of issues.

• A funding partnership with the Pacific Islands Forum Secretariat is in the pipeline to support UNICEF Pacific’s work on CRC reporting.

• The communications team coordinated the production of regular newsletters for donors and revamped web and social media with participation from Youth Media Activists, which resulted in a strong increase of traffic to the website, blog, Facebook, Twitter and Instagram. UNICEF also chairs the UN Communications and Partnership Group, which oversaw key events and activities related to UN Day, World AIDS Day and 16 Days of Activism, and ensured high visibility and activities for children at Fiji’s annual Hibiscus Festival. A UN e-newsletter aimed at Pacific missions based in New York, Headquarters and regional offices has been developed and is produced and disseminated every two months.

• The communications team provided cross-programme support for behavioural change in child protection as part of the global #ENDviolence campaign, mobilization of young people for the anti-bullying campaign (Sa Rauta Mada/Enough is Enough), WASH (e.g., in Solomon Islands, development of a comprehensive media package, weekly youth-led radio shows for promoting WASH and selected key family practices); and health and nutrition (e.g., organization of a strategic health communications planning workshop with key health government and non-government partner in collaboration with WHO, UNFP and SPC in 2013).

• Extensive communication support was provided before and during emergencies, including the ‘Get Ready. Disasters Happen’ multimedia campaign for disaster preparedness in Fiji in 2013 and messaging and media campaigns in the aftermath of natural disasters in Tonga and Solomon Islands in 2014.

• New partnerships were established with Fiji Airways, resulting in funding for the improvement of WASH in two schools in Fiji, and the United Kingdom National Committee for UNICEF for the implementation of a Sports for Development initiative in collaboration with Just Play/Oceanic Football Confederation. Sports for Development is proving to be a robust vehicle for delivering integrated behaviour messages that promote healthy, safe and holistic development for more than 150,000 children in 11 PICTs.

• Technical support was provided for programme planning and monitoring; terms of references for studies and managing programme evaluations were reviewed; training workshops in barriers/bottleneck analysis and equity-
focused monitoring systems were organized; summary reports and baselines for the UNICEF Strategic Plan 2014–2017 for the 14 PICTs were coordinated; and UNICEF participated in the UNDAF M&E Working Group.

PAPE: Challenges and opportunities

The programme undertakes a mix of internal and external roles, which generally fall under different functional responsibilities. PAPE was headed by a chief of planning (core funded), under which there are units of international and national staff assigned to various roles, which all require different skills, expertise and experience. Each unit has planned outcome-level results specific to its work. PAPE was conceived as one of three ‘groups’ in the office in 2008: Programme (programme sections and field offices), Operations, and Planning, Advocacy & Evaluation. However, with the evolution of the country programme, particularly the greater emphasis on social policy and communication as a cross-cutting strategy, and on strengthening result-based planning and monitoring for equity, the functions have dramatically expanded since 2008. It has become challenging to manage PAPE as one programme or section. Furthermore, the planning, monitoring and evaluation dimension appears to have been inadvertently diminished with the heavy workload in policy and communications.

PAPE: Discussion and recommendations

It is recommended to separate the management and reporting of the communications and advocacy section from the planning, monitoring, reporting and evaluation functions, to allow more management attention and oversight to the two sets of functions. Concomitant with a new reporting management and reporting arrangement, the post of PAPE chief can be abolished, freeing up critically needed core resources that can be devoted to improving data analysis, planning, monitoring and evaluation, and support to countries for monitoring and reporting on the rights of children and specifically on treaties and conventions. PAPE outcomes and outputs are still considered valid and the new arrangement is likely to enhance efficiency and effectiveness towards these planned results.

Conceptualization of the social policy outcome is well aligned with the UNICEF global Strategic Plan 2014–2017 outcome on social inclusion. Data on the situation of children will continue to be compiled for all PICTs, while national-level engagement will continue mostly in focus countries plus selected others undertaking national household/DHS surveys (e.g., Samoa 2014 and Fiji 2015) depending on funding availability. Social policy work has largely operated at the regional level and in focus countries, while support specifically for social protection is currently centred on Fiji.

Support for CRC reporting and contribution to CEDAW, universal periodic reviews and other treaty reporting processes will continue across all PICTs.

More work is required to update existing Communication for Development messages, adapt to country contexts, pre-position materials in-country and train relevant interpersonal communicators for strengthening emergency preparedness.
This component has a regional dimension while country-level Communication for Development engagement has focused mostly on target countries, Fiji, and countries affected by emergencies. The new Sports for Development programme, implemented in partnership with the Oceanic Football Confederation since late 2013, is operating in 11 Pacific countries. It is proposed to update communication-related output statements in order to clarify geographic focus as well as address the current lack of baseline data.

It is recommended to refocus the planning, monitoring and evaluation component and further strengthen field-based monitoring (including humanitarian), results management, reporting and evaluation.

**Emergency preparedness, response, disaster risk resilience**

UNICEF Pacific has always given significant attention to the core commitments to children in humanitarian situations. Emergency preparedness and response capacity is part of disaster risk management and resilience, which also has a larger dimension. Emergency preparedness and risk have been mainstreamed effectively into all programme areas, into operations, and into all four UNICEF offices in the Pacific and therefore were also included in programme and operations discussions and recommendations during the Midterm Review. It was given additional consideration as a cross-cutting issue because of its importance.

Several multi-partner lessons learned exercises in mid-2014 provided helpful inputs to the review. UNICEF Pacific was widely acknowledged and appreciated by Governments, donors, the Resident and Humanitarian Coordinator, UN OCHA, non-governmental partners, and most recently and importantly, the affected people of Tonga and Solomon Islands, for the best response across many sectors. Staff deployed to the Philippines emergency from the Pacific were found to be well trained and added value to the team there. Key to the successful response was good preparation, including staff training; well-established relations of trust and transparency with government and NGO partners; positioned contingency stocks; clear direction and prioritization by office leadership; and rapid activation of the PERT. PERT includes every staff member in the three field offices, as well those in Suva’s programme and operations teams. Disaster risk resilience and other preparedness measures are built into their full-time work plans so that the group meets throughout the year, not just during emergencies.

Given so many large-scale emergencies in the world, many UNICEF offices have experienced difficulties sourcing specialist surge staff. This required considerable effort for Solomon Islands, causing delays and gaps that adversely impacted affected children. The office was eventually successful in drawing surge staff from Indonesia and India. Other challenges also common to other UNICEF offices are the work strain due to the ‘double hat’ role of programme development staff who also serve as cluster coordinators and emergency responders, and a need to have more contingency agreements in place with NGO partners (and shortage of capable partners). The ongoing challenges of logistics and high movement
costs in the Pacific are aggravated during an emergency situation and although the office benefitted from having core resources set aside and accessing the UNICEF emergency response loan fund, it took too long to access other donor funds. Baseline and performance targeting could also be improved by all cluster members, including UNICEF.

It has proven impossible to fund the P3 emergency coordinator post, however having someone in the post for a couple of years while exceptionally using core resources proved useful in solidifying a systematic approach and training the response team. As the emergency coordinator post was vacant due to lack of funds, the deputy representative assumed responsibilities for coordination, integration and implementation; the chief of operations for activating permitted emergency financial and administrative procedures; and the representative for strategic decisions, advocacy, representation and fundraising.

Climate change adaptation and disaster risk management and reduction need to be more visible and effective within fundraising and each programme work plan. WASH and education seem well positioned to lead on this.

**Gender**

UNICEF’s gender policy emphasizes the empowerment of girls and women and aims to address gender-related needs of girls, boys, fathers, mothers and communities. UNICEF Pacific aims to identify and leverage positive cross-sector synergies and linkages in areas such as girls’ education, violence against women and children, and maternal mortality. Partnerships, particularly with UN Women and UNFPA, will remain important in the Multi-Country Programme, including through UNICEF’s membership in the Gender Outcome Group of the UNDAF and joint programmes. UNICEF will continue to focus on increasing access to services and opportunities by women and girls and their inclusion and participation in all facets of life as well as on advocacy and technical support on gender-equitable policies, budgeting and resource allocations. Emphasis will be placed on collecting and using sex-disaggregated and other gender-related data. UNICEF will promote gender-sensitive interventions as a core programmatic priority and, to the extent possible, all relevant policies, programmes and activities will mainstream gender equality.

**Adolescents**

The ‘State of Pacific Youth Report’, 2011 identified five serious challenges for adolescents in PICTs:

- Under- and unemployment, which are partially caused by lack of opportunities and partly caused by weak capacity of both primary school dropouts and secondary school leavers
- Adolescent pregnancy, childbirth and high rates of sexually transmitted infections
• Poor mental health among youth with very limited professional assistance available and high rates of suicide and violence, including gender-based violence

• Lack of information and data on young people

• Lack of meaningful mechanisms for youth participation in governance and leadership development

UNICEF Pacific has a cross-cutting strategy for adolescents that includes the following programme sections: Communications, Social Policy, HIV and AIDS (within Health), and Child Protection. Following the Midterm Review, UNICEF will strengthen the following for children aged 10 to 18:

• Tracking and monitoring of investments for young people, as part of social budgeting efforts;

• Advocacy with partners and directly engaging young people in monitoring and reporting;

• Communication about young people’s issues through traditional and social media; radio broadcasting by and for young people; Sports for Development initiatives with Oceanic Football Confederation and Just Play;

• Initiatives to raise awareness about and reduce prevalence of bullying, linked to the ending violence against children programme work; and

• Joint programme with UNFPA on reproductive health, wherein UNICEF is responsible for communication and participation with adolescents, including on preventing STIs, HIV and pregnancy.
Over the past 11 years, UNICEF Pacific has changed significantly and expanded in programming scope and scale, with associated increases in management, programme and operations costs. Cost increases are also caused by constant inflationary pressures, particularly in air and sea transport, rental costs and salary increases.

The approved structure grew from 40 established positions in 2006–2007 to 70 for the 2008–2012 programme, expanded to 104 following the 2010 Midterm Review, and 105 positions were approved for the 2013–2017 Country Programme.

The approved UNICEF Pacific budget has been adjusted on a number of occasions since the preparation of the Country Programme Management Plan 2013–2017, including the submission of the integrated budget for 2014–2017. Operating costs in the four office locations in Suva, Solomon Islands, Kiribati and Vanuatu were quite underestimated\(^{23}\) (including the direct Joint Presence costs to UNICEF in the latter two and the UNDP charges for cost recovery in Solomon Islands) and the ongoing costs of maintenance and rent and improvements in ICT and Minimum Operating Security Standards.

Despite very strong efforts at cost savings and fundraising, as of May 2014, the 2014 funding remains lower than forecast, especially for posts. There is considerable concern over a weakening funding pipeline and funding gaps are foreseen for 2015 to 2017. Meanwhile, operating costs, including payroll, have continued to escalate.

There is an immediate need to reduce operational costs and/or ensure that all other resources available to the country programme contribute a minimum level (5 per cent absolute minimum) to non-staff operating costs. Unfortunately, the existing other resources funds, along with a number of grants under negotiation, do not include allocations for untied operating costs. Hence, in the immediate to medium term, it is clear that operational costs (staff and non-staff related) need to be reduced.

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The office must therefore undertake some significant financial austerity measures, including a number involving staff/posts, and focus on a small number of ‘doable’ and financially significant cost-savings to allow greater direct investment in results for children in the Pacific.

Cost-cutting measures under consideration include:

- Consolidate office space in Suva to one level from the current two
- Relocate field offices
- Pursue opportunities to recover and save funds, including maximizing UNICEF Pacific’s involvement in joint presence, in particular in countries where there is physical presence and where the organization has control or overall management. Recognizing that in most of these offices UNICEF staff outnumber staff from other agencies, there is an expectation to recover between 10 to 15 per cent given the status quo on cost sharing per capita basis

Other UN agencies, along with major donors, indicated that a UNICEF strength in the Pacific was its technical capacity, either from being based in the field or having spent significant time in-country. It was clearly felt by these partners that this technical and strategic capacity should not be mid-level, but rather with extensive experience and high-quality expertise. However, the bottom line is that UNICEF simply cannot afford to sustain operations in the present three project office locations given current operating costs and staffing structures.

Based on the forward-looking documents prepared by the programme sections and discussions with project offices – along with an analysis of recent programme throughput – the three field offices show varying patterns: while all programme components are expected to be maintained or expanded in Solomon Islands, current indications are that only health and WASH will continue to expand in Vanuatu, with other components reducing inputs. Kiribati was highlighted as the country where programme intensity has reduced the most and will continue to do so across most programme areas/sectors, although some specific programme sub-sectors (such as WASH) would remain or even be intensified on a donor-specific project basis. This presents the opportunity to adjust the staffing profile in Kiribati and in some measure in Vanuatu.

**Operations: Discussion and recommendations**

In light of the first year of implementation of the Country Programme Management Plan, it is noted that the initial forecasting has been on the high side with regard to results expectations, resource mobilization and human resources. It is thus strongly felt that there is a need to review the existing structure and refocus office priorities.
There is an immediate need to either reduce operational costs or ensure that all other resources available to the country programme have a minimum level (5 per cent absolute minimum) available for non-staff operating costs.

There is an optimal use of cross-sector funds based on proposed budget that supports effective programme implementation.

The need to streamline work processes was stressed for better efficiency and effectiveness.

It is recommended to maintain UNICEF field presence in Kiribati, Vanuatu and Solomon Islands, including international staff, for oversight, but review the structure to better align with programme priorities and magnitude.
Most analysis done in preparation for the 2013–2017 programme remains valid regarding the main issues and bottlenecks for children to achieve their rights, although increased availability of data and disparity analysis indicate that significant gaps and problems for children occur in countries previously designated Tier 2 and Tier 3. Many approaches, priorities and solutions embodied in the programme structure remain relevant. However, the review of challenges and opportunities, as well as analysis of current progress, financial situation and new trends in the situation of children in the Pacific, led to recommendations for adjustments. Furthermore, UNICEF’s planned shift to a global shared service centre necessitates some changes on posts and job functions.

While some programmes, such as WASH, and to a certain extent Health and Nutrition are expecting to maintain or expand engagement in some countries, others, such as Education and HIV, have to resize focus due to limited resources and funding prospects, while Child Protection will largely maintain current involvement but sharpen focus. Through this refocused programme, UNICEF Pacific will be more effective and efficient.

Even though UNICEF accurately assessed most of the pressing needs for children in the Pacific, and certainly in the Tier 1 countries, the structure proved to be too expensive compared with current revenue streams. From an operational perspective, the review recommended streamlining the management structure for the WASH, HIV and AIDS and PAPE programmes, and the Kiribati office, to allow for more efficient implementation as well as an increased amount of core resources available for programming. Other cost-savings and cost-containment measures are recommended, with particular focus on reducing operational costs. In reviewing its staffing structure, UNICEF will strive to retain a good balance of national and international posts, to realize its comparative advantage in combining local with global knowledge and experience.

Proposed changes were approved by the Regional Office Programme Budget Review early October, towards implementation from January 2015 onwards, with due consideration given to timing of the Global Shared Service Centre, minimizing negative staff impact and realizing savings, especially on the core budget, as soon as possible.